MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

63-032880

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 131 STATE FILE NUMBER

FILED SEP 12 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Macon
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Taylors Rest Home
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Macon
c. CITY OR TOWN: Macon
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 509 Goggin
Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First MOSES Middle KINSEY Last DAWSON

4. DATE OF DEATH: Month Aug. Day 24 Year 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]

8. DATE OF BIRTH: 12/11/1881

9. AGE (last birthday): 81
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (City and state or country): Noble Co. Ohio

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Kinsey Dawson

13b. MOTHER'S MAIDEN NAME: Celia Huntsman

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of): No

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Mrs. Leota Wisenburg Rock Island, Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for a, b, and c.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Terminal Uremia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Cardiovascular-Renal disease
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 1wk.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Aug 14 to Aug 24 and last saw her/him alive on Aug 14
Death occurred at 12 30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James E. Campbell M.D.

22b. ADDRESS: Macon, Mo

22c. DATE SIGNED: 9-4-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 8-26-1963

23c. NAME OF CEMETERY OR CREMATORY: Enon

23d. LOCATION (City, town, or county) (State): Bevier Missouri

24. FUNERAL DIRECTOR ADDRESS: Bram Funeral Home Macon, Mo.

25. DATE RECD. BY LOCAL REG.: 9-6-63

26. REGISTRAR'S SIGNATURE: Ruth McCreely

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed R. Leslie Brown

Licensed Embalmer No. 4472

P. O. Address Mexico, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.